

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15240**

FILED APR 21 1953

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY OR TOWN St. James		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. James		1870	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Rosella		a. (First)		b. (Middle) Hellan		c. (Last) Roth	
4. DATE OF DEATH (Month) April (Day) 15 (Year) 1953		5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 9 1904		9. AGE (in years last birthday) 48		10. MONTHS 11 DAYS 6		11. IF UNDER 1 YEAR Hours 0 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) New Berlin Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Brehm		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Leo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-38-7083		17. INFORMANT'S SIGNATURE OR NAME Leo Roth ADDRESS St. James, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) crushing injuries Chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple leg fractures DUE TO (c) Multiple abdominal critical ventricles II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		081 E 810 4 27		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) St. James (COUNTY) Phelps (STATE) Missouri		21d. HOW DID INJURY OCCUR? Auto-Train Collision	
21d. TIME OF INJURY (Month) April (Day) 15 (Year) 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from April 15, 1953 , to April 15, 1953 , that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE James H. Burt (Degree or title) M.D.		23b. ADDRESS St. James, Missouri		23c. DATE SIGNED 4/17/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 18 53		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) St. James, Mo (State) Missouri	
DATE REC'D BY LOCAL REG. 4-17-53		REGISTRAR'S SIGNATURE Ruth B. Powell		FURNERAL DIRECTOR'S SIGNATURE C. Jesse Gahr ADDRESS St. James, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Q. Jesse Gahr

Licensed Embalmer No. *4486*

P. O. Address *Sh. James, TN*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.